



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU
**RENEWAL APPLICATION FOR SITE PERMIT
TO LAND APPLY SEPTAGE WASTE**
Required under Part 117 of Act 451, Public Acts of 1994, as amended

Site ID# (1,2,3, etc.)

Failure to comply may result in fines and/or imprisonment.
www.michigan.gov/degseptage

PART I. REGISTRATION APPLICATION

PLEASE PRINT OR TYPE

BUSINESS NAME				DEQ LICENSE NUMBER	
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE	

I hereby agree to comply with all provisions of Part 117, Septage Waste Servicers, Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA), with regard to the land application of septic tank wastes to the following described property:

SIGNATURE OF HAULER _____ DATE _____

PART II. SITE DESCRIPTION - COMPLETE ALL INFORMATION

SITE AREA: _____ TOTAL ACREAGE OF PARCEL _____ USABLE ACRES FOR LAND APPLIED SEPTAGE _____

LOCATION: COUNTY: _____ TOWNSHIP: _____

LATITUDE: _____ LONGITUDE: _____ 1/4 _____ 1/4 Section _____ Town _____ Range _____

STREET ADDRESS _____ CITY _____ ZIP CODE _____

PART III. LAND OWNER'S AGREEMENT (to be filled out by legal land owner only)

In accordance with Part 117 NREPA, permission is hereby granted to the above named licensed septic tank cleaner for the purpose of land application of septage wastes on the property described above. This agreement must be renewed at the same time as the hauler's business license. This agreement is subject to termination by the land owner upon ten (10) days written notice to the hauler and the Michigan Department of Environmental Quality.

LAND OWNER'S ADDRESS	CITY	ZIP CODE	LAND OWNER'S NAME(S) (PRINT)
LAND OWNER'S TELEPHONE NUMBER	DATE	LAND OWNER'S SIGNATURE(S) (ALL LAND OWNERS ARE REQUIRED)	

Mail completed application to:

MI DEPT OF ENVIRONMENTAL QUALITY
WATER BUREAU-DWEHS-SEPTAGE PROGRAM
PO BOX 30273
LANSING MI 48909-7773

EQP 5958 SEP1

DO NOT SEND FEES WITH THIS APPLICATION

PART IV. SEPTAGE WASTE DISPOSAL SITE INFORMATION– For further information see the **Guidance Manual For The Land Application Of Septage Waste** found on the **Septage Program Website** at www.michigan.gov/degseptage under “Downloads.”

<p>1. Attach the name, address, and phone number of the manager* of the land if different from the owner.</p> <p><i>* Managers: Septage firm, land owner and/or other person that incorporates, grows, or harvests crops from the land.</i></p>	<p>2. Attach an aerial photo, maps from a plat book, and NRCS soil map identifying the site and disposal location(s). Include a scale site drawing showing the exact disposal location(s) (see above referenced guidance manual for examples). Information is available on the program website under 'Land Application Information'.</p>
<p>3. Number of fields (A, B, C, etc) at the land site. _____ fields</p> <p><i>Each of these must be identified on the maps described in item 2.</i></p>	<p>4. Attach a copy of the letter sent and the names and addresses of adjacent land owners (or would be adjacent except for a road), local health department, clerk of the city, village, or township of those notified as required by Part 117.</p>
<p>5. Do you have a septage waste storage facility (SWSF)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, go to question 6. If no, go to question 11.</p>	<p>6. Total Capacity</p> <p>_____ gallons</p>
<p>7. Number of Units of SWSF (e.g. 1 tank, 2 tanks, etc.)</p> <p>_____ tank(s)</p>	<p>8. Attach a summary describing the type and configuration of the SWSF (e. g. concrete, steel, above or below grade, in series etc.) Identify all that apply.</p>
<p>9. SWSF was installed BEFORE October 12, 2004.</p> <p><input type="checkbox"/> Yes (STOP) <input type="checkbox"/> No</p> <p>If no, it means the storage facility was installed after October 12, 2004. Go to item #10.</p>	<p>10. SWSF was inspected and approved by DEQ.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date of approval _____</p>
<p>11. Do you pump food establishment septage (FES)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach summary describing how the FES/domestic septage is blended to meet the 1:3 ratio required by Part 117.</p>	<p>12. Do you have DEQ authorization to apply septage waste in winter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach copy of DEQ approval letter.</p>

FOR DEQ USE ONLY

DEQ Authorization – sign and date:

Signature _____

Date _____